

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
NORTHERN DIVISION

Ken Lashuay

Plaintiff,

vs.

Aimee DeLine, et al.

Defendants.

Case No.1:17-cv-13581  
Hon. Thomas Ludington  
Mag. Patricia T. Morris

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**EXHIBIT 51**

**PLAINTIFF'S RESPONSE TO MDOC  
DEFENDANTS' MOTION FOR SUMMARY  
JUDGMENT (DKT. 90) AND CORIZON  
DEFENDANTS' MOTION FOR SUMMARY  
JUDGMENT (DKT. 92)**



## Introduction to Utilization Management

The Corizon Utilization Management Department receives outpatient service requests (called 407s) from different sites within the company. The UM department reviews each request to ensure that it follows our policies and procedures, and that the appropriate authorization by the Outpatient Medical Director (OMD) is in place.

Requests are entered and reviewed in electronic medical record (EMR). This process occasionally requires additional contact with the requesting practitioner to collect all the clinical information that is needed to complete a review. Our outpatient UM nurse reviews all cases and refers those in need of secondary review to the OMD.

Inpatient hospitalizations are pre-approved by the OMD prior to admission for all *non-emergent* admissions. Concurrent monitoring of inpatient services is the shared responsibility of the inpatient case managers and the Inpatient Medical Director (IMD). Case managers provide a daily report for all hospitalized patients to the IMD, Regional Medical Directors (RMD) and State Medical Director (SMD).

Discharge planning from the hospital begins on day of admission. All inpatients must have an effective treatment plan that includes realistic treatment goals and a credible discharge plan.

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Definition of medically necessary care:

- Adequate and essential therapy provided for evaluation or treatment consistent with the symptoms, proper diagnosis and treatment appropriate for the specific patient's illness, disease or condition, and
- Is reasonably expected to decrease disease progression, and
- Focuses on function, i.e., ADLs – dressing, eating, ambulating, toileting, hygiene, and
- Is safe and effective according to nationally accepted standard clinical evidence, and
- Is the appropriate and cost effective level of care that can safely be provided.

## **Michigan DOC and Quality Correctional Care of Michigan, PC Specialty Consultation (407) Standard Operating Protocol**

### **Background:**

The MP should submit consultation requests only after the history & physical, applicable laboratory and diagnostic data have been obtained **and** appropriate conservative management has failed. The MP must be assured that the specialty referral is supported by evidence-based medicine.

### **Definitions:**

**Routine 407-** Any specialty request which is medically necessary and not emergent or urgent and is submitted within 60-days of the requested service.

**Urgent 407-** A specialty request which is medically necessary and warrants the *patient be seen by the consultant within 72 hours* of completing the 407 request form.

**Emergent Need:** The patient's medical condition *may require they be sent to the Emergency Department after notification of the on-call practitioner* for evaluation and treatment.

**Urgent 407:** See definition above;

The MP is to provide the same clinical information requested in Routine 407s and also do the following:

- Email the completed 407 to the "407 group" in the EMR email system & indicate **"URGENT"** in the subject line of the message.
- Call the CORIZON HEALTH Regional office @ **517-827-3200**. Tell the receptionist you have an URGENT 407 and ask to speak to the OMD.

*(CORIZON HEALTH Receptionist will route the call to OMD, UM RN or SMD in order of availability with the goal of connecting the caller to a live person who can assist them. The MP should not leave a voice mail regarding an Urgent 407.)*

### **Procedure for Submitting 407 Requests:**

1. The Offsite Coordinator onsite will receive a 407 request from the practitioner via the "407 group" email in the EMR and open an event in MTRAX.
2. CORIZON UM staff will receive the 407 request at the same time via the "407 group" email in the EMR.
3. The CORIZON UM office will provide an initial response to the 407 in the EMR and MTRAX within 3 business days of receiving it. (SEE **Approval, More Information and Alternative Treatment Plan** below)
4. The requesting practitioner will follow-up on all their outstanding 407s daily. (Note: It is the primary responsibility of the practitioner initiating the consultation to follow-up on a 407 request until it has been resolved.)



5. The responsible practitioner will contact the CORIZON UM Outpatient Nurse and/or the OMD, if they have not received a written response in MTRAX after 3 business days of verifying a 407 request was emailed to the UM office. (SEE Additional contact information below)

**\*\*DO NOT RESEND 407 REQUESTS UNLESS INSTRUCTED TO DO SO BY A CORIZON HEALTH UM STAFF MEMBER \*\***

**Approved 407:**

1. CORIZON HEALTH UM staff will enter the approval into the EMR and email it to the offsite Coordinator and the requesting MP via the "407 group" in the EMR email system. They will also enter an approval decision along with an authorization number for the appropriate 407 in MTRAX.
2. The Offsite Coordinator will reviews MTRAX update daily and may inform the practitioner that the 407 has been approved.
3. The Offsite Coordinator will proceed in making the appointment for the authorized 407 request and document the appointment date in MTRAX.
4. The Offsite Coordinator is responsible for completing all applicable documentation in MTRAX once an authorization has been given thus closing out the event.

**Alternative Treatment Plan:**

1. CORIZON HEALTH UM staff will enter the alternative treatment plan into the EMR and email it to the offsite Coordinator, the requesting MP, the CORIZON HEALTH RMDs and the MDOC CMO and RMO via the "407 group" in the EMR email. CORIZON HEALTH staff will also enter the alternative treatment plan into MTRAX.
2. If the MP does not believe that the alternative treatment plan is reasonable and appropriate, they are to follow the current 407 Appeal Process, documenting such in the EMR. (See Specialty Consultation Appeal Process Standard Operating Protocol)
3. If the MP does agree with the suggested alternative treatment plan, they will inform the patient of the treatment plan, execute the alternative treatment plan and document this in the EMR.
4. The Offsite Coordinator will close out the event in MTRAX once the practitioner has accepted the alternative treatment plan.
5. If the suggested alternative treatment plan does not result in a clinically acceptable outcome, then the MP will initiate a new 407 request with the most recent clinical data supporting the specialty consultation. This request will be handled as above.

**More Information:**

1. CORIZON HEALTH UM staff will request additional information from the MP via the "407 group" in the EMR email system and will note in MTRAX that additional information is being requested.
2. The MP will provide CORIZON HEALTH UM Staff with the requested information within 3 business days from the date of the EMR email and entry in MTRAX. The CORIZON HEALTH UM staff will notify the offsite Coordinator, the requesting MP and the CORIZON HEALTH RMD, via the EMR email, if the additional information has not been received within 3 days. If the additional information is not received within another 3 business days (6 total), the 407 request is given an Alternative Treatment Plan which includes the MP reassessing the patient and submitting a new 407 request including the previously requested information. The CORIZON HEALTH UM staff will upload any faxed (EKGs, medical records, pathology reports) information into the Mtrax entry for the specific 407. The 407 request will then be reviewed by CORIZON HEALTH UM staff after considering the additional information and enter either an Approval or Alternative Treatment Plan in the EMR and MTRAX, as well as send the final review to the 407 group.
3. See "Approved 407" and "Alternative Treatment Plan" for directions.

**CORIZON HEALTH UM Staff:**

- Nicolle Reslock, RN, CCHP, UM Director (*all questions*)
- Regina Walker, RN, Inpatient Case Manager for all other Community Hospitals (*inpatient questions*)
- Jeanne Ghiardi, RN, Inpatient Case Manager for Allegiance Hospital (*inpatient questions*)
- Lori Minor, RN, Outpatient Nurse (*outpatient questions*)
- Karen Duckworth, RN, CHPN, CHOICES Manager
- Carol Peacock, RN, OCN, Oncology Manager
- Jenda Cole, Oncology Clerical Assistant
- Nikkida Price, Inpatient Clerical Assistant
- Tressa Hagemann/Jessica Gardner – Outpatient UM Clerical Assistants

**Appointment Scheduling:**

- Facilities cannot send patients to specialty visits without an authorization number.

**CORIZON HEALTH Regional Office Information:**

Operating Hours: 8am to 5pm, Monday through Friday  
1(800) 216-4919 or 517-827-3200  
Fax 1(800)216-1826 or 615-309-6526  
Revised Date: June 23, 2015

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## **MDOC-CORIZON 407 Appeal Standard Operating Procedure**

The medical practitioner (MP) is expected to prepare a succinct presentation of their case that will include the history, pertinent physical exam, applicable diagnostics and previous treatment before submitting the initial consultation request.

The following steps are to be taken when there is a difference in opinion between the primary care practitioner and the OMD alternative treatment plan (ATP):

1. The OMD will notify the appropriate 407 group MP that an alternative treatment plan has been rendered for the request.
2. The requesting MP will call the OMD to discuss their concerns and give the OMD opportunity to reconsider all supporting clinical information. If the OMD agrees with the MP and approves the request, the MP may need to submit a new 407 with "verbally approved by \_\_\_\_" (with the OMD name inserted) written on it.
3. If the MP and OMD agree on the alternative treatment plan after the initial phone conversation, then this is to be documented in the medical record and the patient is to be directly informed by the practitioner on the final decision.
4. If the MP and OMD are unable to agree on the next clinical approach, then the MP will notify their RMD to discuss their request.
5. The RMD will discuss the case with the OMD and reserve the authority to make the final decision. The final decision may be an approval or an upholding of an ATP. If the RMD decides to OVERRIDE the ATP and approve the 407, the RMD will communicate this to the Outpatient RN for documentation on the 407 in the EMR as follows: "ATP Override by" with the RMD's name inserted. Once the 407 is completed it will be sent to the "ATP 407" group in addition to the site 407 groups with the word "ATP OVERRIDE" written in the subject line of the message.
6. If the MP still believes the 407 requires further discussion, they will then resubmit the 407 and all supporting information to their RMD to be presented to the MSAC. The OMD and/or RMD who recommended the ATP will present their supporting argument at the MSAC, but will not be allowed to vote on the final decision.
7. The MDOC CMO reserves the final authority on all MSAC decisions.
8. The MSAC's final disposition will be documented in the EMR and the MP will inform the patient of the final decision.



## **Sleep Studies at Duane Waters Health Center**

All sleep studies for sleep apnea/ CPAP machines are to be done at DWHC.

The Medical Practitioner (MP) will submit a 407 request for patients they consider candidates for sleep study/ CPAP. The study is authorized through the 407 process and the CPAP is authorized through the ACMO process. If during information gathering it is found that the patient has had a sleep study on the outside, this information should be given to respiratory staff prior to the request for the MDOC study. Respiratory staff has many times been able to use these outside studies for patient CPAP setups.

Patients who are approved for testing are to be added to the list of patients kept at DWHC. The Offsite Coordinator will contact respiratory staff at DWHC (Steve Weiss or Heather Potter) via phone at (517) 780-5939 or e-mail ([WeissS1@michigan.gov](mailto:WeissS1@michigan.gov) or [PotterH1@michigan.gov](mailto:PotterH1@michigan.gov)). Respiratory staff will then schedule an appointment and contact the facility.

Transportation will be on scheduled runs both to and from DWHC and will need to be coordinated within facility to facility (F2F) schedules by the Facility Coordinator and respiratory services. They will transfer with a medical detail, no lock changes, just like a scheduled medical appointment. If a patient is in the Southern Region, patient stay would be one night at DWHC. If a patient is in the Northern Region, patient stay would require two nights at DWHC.

Interpretation of the sleep study will likely not occur before the patients are returned to their home facility. If the study indicates a need for CPAP, the respiratory staff will contact the facility with follow-up information related to the type of CPAP. Respiratory staff will order the appropriate unit and supplies and assist with setup.

Please feel free to contact respiratory staff at DWHC for assistance in regard to this subject.

## **Inpatient Utilization of Secure Units**

The Corizon UM process includes a daily review of the health status of each hospitalized patient that is admitted to the community hospitals. The Inpatient Utilization RNs are notified daily of admissions to the community hospitals and secure units. At the point of notification, if the patient isn't already admitted to a secure unit, a determination will be made based on criteria to transfer care to the McLaren Greater Lansing or Allegiance secure unit.

1. The Inpatient Utilization RNs are notified electronically on a daily basis when an admission occurs in the community hospitals.
2. Upon review, if the diagnosis requires any length of stay or further medical evaluation, the patient will be transferred to a secure unit for the additional medical services if possible.
3. Selection of the secure unit:
  - a) See attached Correctional Facilities Map below
    - i) If the community hospital is north of the red line, the McLaren Greater Lansing Secure Unit will be utilized, unless it is full.
    - ii) If the community hospital is south of the red line, the Allegiance Secure Unit will be utilized (unless dialysis is anticipated, then the McLaren Greater Lansing Secure Unit will be utilized).
  - b) Oncology Care
    - i) If the patient has established oncology services with McLaren's oncology group or Allegiance's oncology group, the health care services will be provided at that secure unit regardless of the location of the admission into the community.
4. All health care transfers and discharges in the community and secure units will be coordinated with the MDOC Bed Management.
5. Not all inpatient cases will fall into the scenarios listed above. For those cases, they will need to be handled individually by the medical leadership at Corizon. This will ensure that the needs of the MDOC are being met as it relates to the Security, Health Care, Custody and Transportation.
6. Inpatient Admission Procedures to Secure Units
  - a) See attached flowcharts below



# Michigan Department of Corrections Correctional Facilities Map As of January 2012



\* Includes reception centers

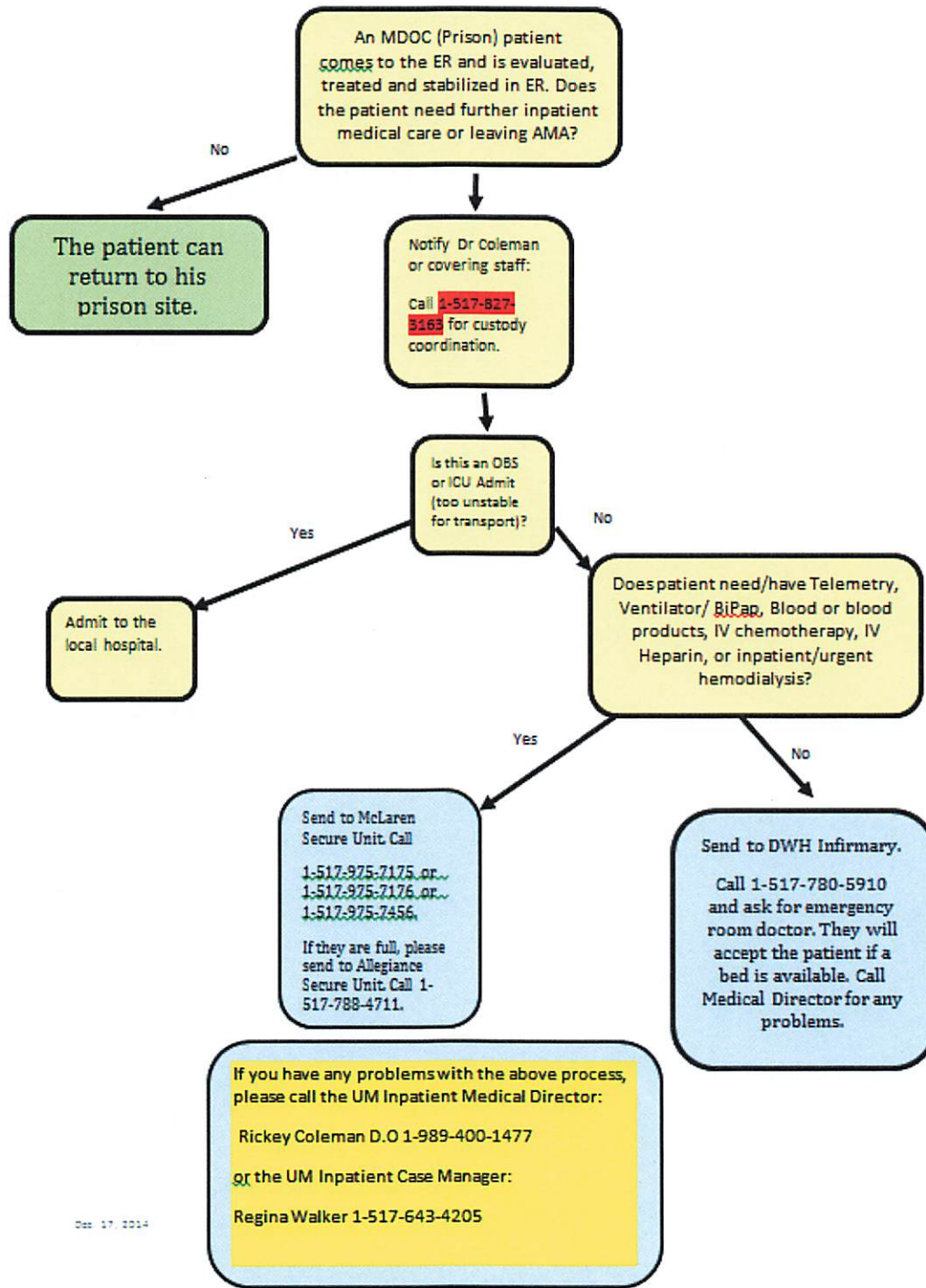
<sup>1</sup> Inpatient psychiatric units operated by the Michigan Dept. of Community Health

Source: Correctional Facilities Administration



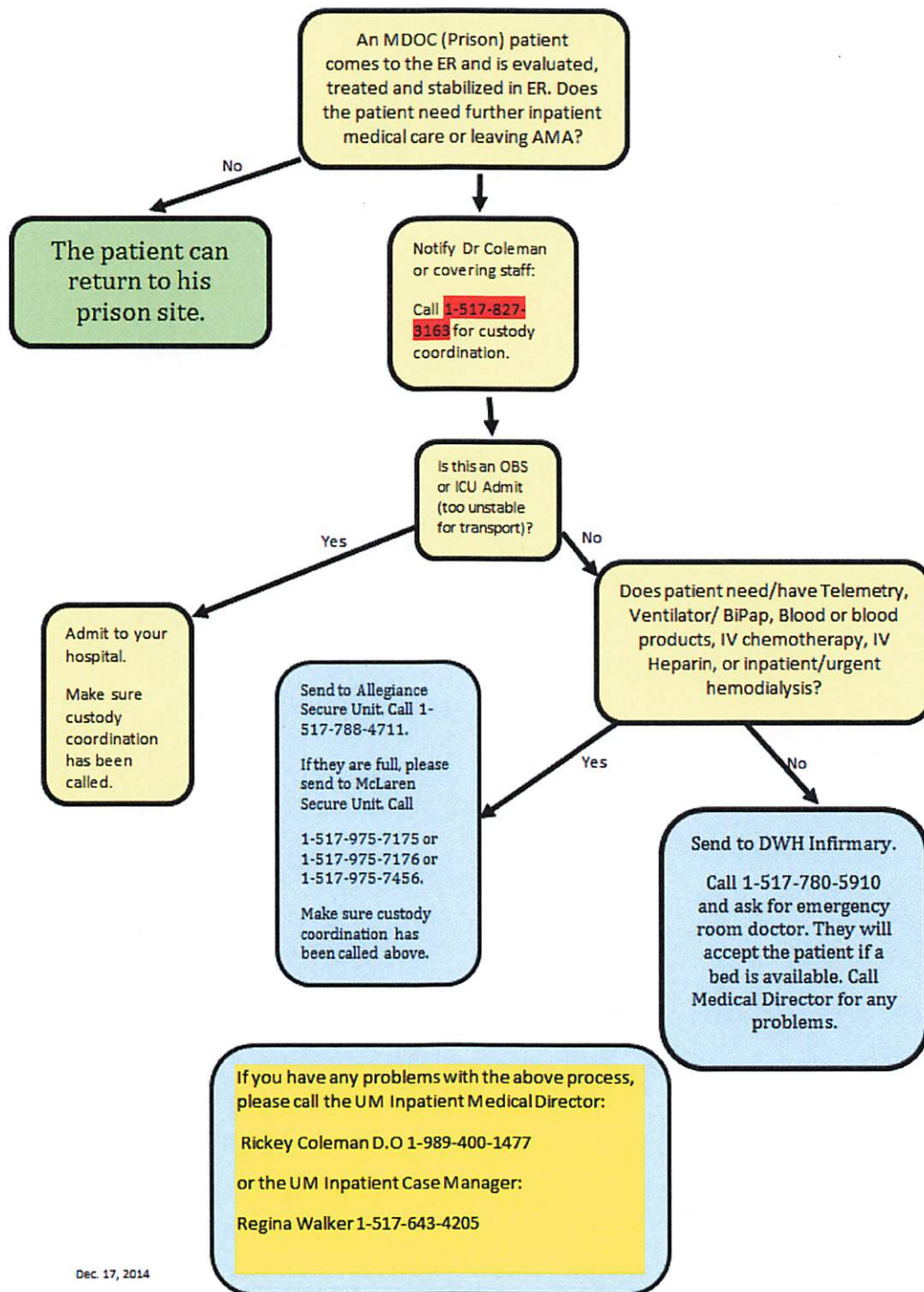
## Inpatient Admission Procedures to Secure Units

### Admission to Community/McLaren Greater Lansing



## Inpatient Admission Procedures to Secure Units

### Admission to Allegiance



Dec 17, 2014

## **State Practitioner Data Report (SPDR)**

The State Practitioner Data Report presents an overview of performance indicators for each statewide prison system. This dashboard report is an aggregation of data from multiple Corizon reports. This report is forwarded to the Regional Medical and Operational Leadership on a quarterly basis so that they can identify areas of strength as well as areas with opportunities for improvement. Corizon utilizes quarterly reporting of these indicators to reduce the variability seen month to month and allow for more meaningful data from which to draw conclusions and make strategic decisions.

Indicators included in the SPDR are related to clinical measures, pharmacy information and utilization management. A master report including data from all the Corizon DOC contracts provides our state leadership with a comparison of our state to others within the system. The leadership can then meet with management in stateside systems to learn about best practice models and implement changes in processes within their system as indicated.

Items included in this report are:

- Diabetes – HbgA1c < 7
- Diabetes - HbgA1c < 8
- Diabetes - HbgA1c > 9
- Diabetes - HbgA1c < done in the last 90 days
- Diabetes – LDL >160
- INR 1.8 – 3.7 (Patients on Warfarin)
- Percentage of HIV patients on HAART for 12 weeks who do not exhibit treatment failure – defined as those with VL < 200
- Percentage of HIV patients on HAART for 12 weeks with undetectable VL

### **Jail Practitioner Data Report (JPDR)**

The Jail Practitioner Data Report, like the State Practitioner Data Report presents an overview of performance indicators for each jail region.

Rev: June 23, 2015